

SC ISAC Membership Application

Name (Applicant) :

Employer:

Title:

Business Address¹:

City:

State:

Zip Code:

Home Address¹:

City:

State:

Zip Code:

Email Address:

Phone:

Fax:

Date of Birth:

City, County, State, and Country of birth:

U.S. Citizen: Yes No

Social Security Number:

Driver's License Number:

Code Word:²

Have you ever been arrested for, charged with, or convicted of a felony or non-traffic misdemeanor?

If yes, please attach an explanation of the occurrence(s) making sure to include dates, agencies involved, case numbers, disposition, and any additional information that you feel would assist us in making a membership decision (Check one):

No

Yes (Number of pages attached:)

Do you currently possess a Qualifying Substitute for the records check required for SC ISAC Membership? (A current list of Qualifying Substitutes is available in a separate document or on the SC ISAC web site):

No

Yes, I already successfully completed a records check

Yes, I possess a current and valid Security Clearance listed as a Qualifying Substitute

(Clearance: Issuing Agency: Expiration:)

(Security Contact:)

Which Critical Infrastructures is your organization a part of? Check all that apply:

Agriculture	Banking & Finance	Chemical Industry & HAZMAT
Defense	Emergency Services	Energy
Food	Government	Information & Telecom.
Law Enforcement	National Monuments & Icons	Postal & Shipping
Public Health	Transportation	Water
Other:		

¹ Physical street address required. No PO boxes.

² Authentication for Help Desk use. Examples include mother's maiden name, city of birth, etc...

If accepted as a member of SC ISAC, Applicant may receive information that is sensitive and not publicly available ("Protected Information"). Protected Information may be provided by or through the National Organization, SC ISAC members, partners of SC ISAC, or other sources, and will be marked accordingly. If accepted as an SC ISAC member, Applicant understands and agrees to the following terms *regarding Protected Information*

1. **Participation is Voluntary.** Applicant is not obligated as a condition of SC ISAC membership to disclose any information to the SC CSIRT Organization or any SC ISAC partner, or member.
2. **Confidentiality and Non-Disclosure.** Protected Information is to be regarded as Business Confidential and shall not be disclosed beyond its intended scope.
3. **No guarantee of fitness.** Protected Information is provided as a service to SC ISAC members and may be unevaluated and unverified. As such Protected Information is not guaranteed to be accurate, complete, or actionable.
4. **Submission in Good Faith.** Applicant agrees that it will not submit information which it knows at the time of submission to be false, and that it will submit information only to further SC ISAC's stated purposes.
5. **Agencies will exercise care to protect information.** To the extent allowed by law, information received from SC CSIRT members that is marked "Protected Information" shall be protected from agency disclosure under 5 USC §552 (commonly referred to as the Freedom of Information Act ("FOIA")), and from publication, divulgence, or release in any other manner pursuant to the prohibitions of the Trade Secrets Act, 18 USC §1905.

Applicant understands and agrees that SC ISAC is not to be commercially exploited as a forum to market products or services and that doing so may result in the revocation of Applicant's membership in SC ISAC.

Applicant, if accepted as an SC ISAC member, agrees to act in a manner consistent with the SC ISAC By-Laws, as the ByLaws may be amended from time to time, as well as any other duly enacted requirements of SC ISAC.

Applicant requirements:

- US Citizen by birth as defined by 8 USC §1401-§1409, OR US Citizen by Naturalization as defined by 8 USC §1421-§1459;
- Over 18 years of age on the date of completion of this Application;
- Consent to a records check that yields a satisfactory result as determined by the SC ISAC in its sole discretion, OR posses a Qualifying Substitute;
- Consent to periodic re-confirmation of membership requirements;
- Have sponsorship from an existing SC ISAC member, or partner organization
- Agree to and complete this SC ISAC Membership Application Form;
- Any further requirements (if more restrictive) mandated by the local chapter and approved by the SC ISAC.

Applicant acknowledges that their affiliation with SC ISAC may be disclosed by SC ISAC to another SC ISAC member, or partner. Applicant may choose to protect from *public disclosure* their affiliation with SC ISAC, and request that SC ISAC and SC ISAC Partners also protect from public disclosure the Applicant's affiliation with SC ISAC to the full extent permitted by law.

May SC ISAC *publicly* disclose Applicant's association with SC ISAC? (Check one):

No

Yes

PRIVACY ACT STATEMENT AND CONSENT

Authority:

Principal Purpose and Routine Uses

The information collected on this form will be used for the principal purpose of conducting security risk assessments on SC ISAC Members and applicants. As part of this assessment, the collected data may also be used to assist in determining approval, denial, revocation or renewal of access to the SC ISAC Secure web site and the authorization to receive SC ISAC sensitive information. Information provided by me will be protected and used in strict compliance with the Privacy Act.

Social Security Account Number

Your Social Security Account Number (SSAN) is requested to check criminal, immigration, national security and other electronic databases. Because other people may have the same name and birth date, your SSAN will be used to facilitate accurate identification and to help eliminate the possibility of misidentification of individuals for whom a security risk assessment or database check is being conducted.

Effects of Nondisclosure or Falsification

Completion of this application and provision of your SSAN is voluntary. However, failure to provide the requested information may result in your application being rejected for membership in SC ISAC or your membership revoked. Knowingly falsifying or concealing information requested on this form will result in your application being rejected or your membership revoked. In addition, Title 18 Section 1001 of the U.S. Code provides that knowingly falsifying or concealing a material fact may under certain circumstances constitute a felony resulting in fines and/or imprisonment.

Consent

By signing an SC ISAC Membership Application Form, I hereby authorize the SC ISAC to obtain and verify any information relevant to assessing my suitability to access, possess, use, receive or transfer sensitive SC ISAC Information. This information may include, but is not limited to, law enforcement and intelligence information. I further authorize the SC ISAC to disclose information obtained in connection with my security risk assessment in order to verify the accuracy or completeness of the information I have provided to the SC ISAC. Other than to verify my information, I do not authorize the SC ISAC to disclose for the purpose of conducting my security risk assessment information provided by me on this form absent my further written consent.

I understand that this is a legally binding document and false statements provided by me are violations of federal law and may lead to criminal prosecution or other legal action. To the best of my knowledge and belief, I affirm that a). I meet all of the requirements to be an SC ISAC member; b). The information I have provided herein is true, complete and correct; and c). I have reviewed the SC ISAC Code of Ethics and I agree to abide by its covenants.

PRINTED NAME Date: _____

SIGNATURE Date: _____

SC ISAC Director or Appointee: _____

Witness: _____

Instructions for PDF submission

1. Complete the application (completely fill out all fields to avoid delays).
2. Print out the application
3. Sign and Date
4. Mail to: